

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000002569

1. Entity Name

NEW LIFE BEGINNINGS, INC.



Principal Place of Business

**1424 W. CANAL ST. SOUTH
BELLE GLADE FL 33430**

Mailing Address

**1424 W. CANAL ST. SOUTH
BELLE GLADE FL 33430**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-1005598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETTRY, BERTHA
420 SE 3RD AVE
SOUTH BAY FL 33493**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **PETTRY, BERTHA**
CITY - ST - ZIP **420 SE 3RD AVE.
SOUTH BAY FL 33493**

TITLE ☐ Change ☐ Addition
NAME **000000427399**
STREET ADDRESS **02/21/06-80007-002 61.25**
CITY - ST - ZIP

TITLE ☐ Delete
NAME **VTD**
STREET ADDRESS **CARDIN, DEBORAH**
CITY - ST - ZIP **669 SE SECOND ST
BELLE GLADE FL 33430**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SUTTERFIELD, LILLIAN**
CITY - ST - ZIP **415 SE 3RD AVE
SOUTH BAY FL 33493**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ADAMS, PATRICIA**
CITY - ST - ZIP **6145 NE 72ND CIRCLE WEST
OKEECHOBEE FL 34972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Bertha Pettry* *Bertha Pettry* *2/13/06 541.996 3789*